

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24688

STATE FILE NUMBER

3385

FILED AUG 12 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>INDEPENDENCE</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA HOSPITAL</b>				Length of stay in lb <b>4 1/2 months</b>		X d. STREET ADDRESS (If outside, give location) <b>909 EAST COLLEGE</b>	
3. NAME OF DECEASED (Type or print) First <b>ROE</b> Middle <b>D.</b> Last <b>MC CAIN</b>				4. DATE OF DEATH Month <b>July</b> Day <b>18</b> Year <b>1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>September 25, 1894</b>	
9. AGE (In years last birthday) <b>62</b>		IF UNDER 1 YEAR Months <b>62</b> Days <b>62</b> Hours <b>62</b> Min. <b>62</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Taxi driver</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	
11. BIRTHPLACE (City and state or country) <b>Belphi, Indiana</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>			
13. FATHER'S NAME <b>George C. McCain</b>				14. MOTHER'S MAIDEN NAME <b>Anna Mitchell</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WWI</b>				16. SOCIAL SECURITY NO. <b>511 01 3936</b>		17. INFORMANT <b>VA Hospital Official Records, K. C. Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Inanition</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Residual carcinoma of larynx with ulceration &amp; Extension.</b> DUE TO (c) <b>Emphysema of lungs with interstitial pulmonary fibrosis.</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <b>Emphysema of lungs with interstitial pulmonary fibrosis.</b>							INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <b>12:20 PM</b> Month <b>March</b> Day <b>5</b> Year <b>1957</b>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>VA</b>		20g. COUNTY <b>K.C. Mo.</b>		20h. STATE <b>Mo.</b>	
21. attended the deceased from <b>March 5, 1957</b> to <b>July 18, 1957</b> Death occurred at <b>12:20 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <b>A. J. WILLIAMS, M.D.</b>				22b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		22c. DATE SIGNED <b>7/18/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>July 20, 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>		23d. LOCATION (City, town, or county) (State) <b>K.C. Mo.</b>	
24. FUNERAL DIRECTOR <b>OTT &amp; MITCHELL</b>				25. DATE RECD. BY LOCAL REG. <b>7-19-57</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_, working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 49

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

